

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** HOPE HAVEN COLVIN MANOR (110013)

**Address:** 425 W JOHNSON ST, MADISON, WI 53703

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/31/1983

**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0095847      **End Date:** 10/18/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008292    Served 11/07/2005

Deficiencies Cited

83.13(7)(a)9

83.14(1)(c)

83.16(4)(a)

83.32(1)(b)

Subject Area

TRAINING AND INSERVICE REQUIREMENTS

UNIVERSAL PRECAUTIONS

ABILITY TO PAY

WRITTEN REPORT OF ASSESSMENT

Compliance  
Verified

Corrected

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Survey ID:** 0090841      **End Date:** 08/14/2003      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007843    Served 08/22/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	10/18/2005	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	10/18/2005	Yes
83.16(4)(a)	ABILITY TO PAY		
83.32(1)(b)	WRITTEN REPORT OF ASSESSMENT		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	10/18/2005	Yes
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	10/18/2005	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	10/18/2005	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	10/18/2005	Yes

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**Provider Inspection Summary**  
For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Enforcement History**

**Date: 11/03/2005**      **SOD #10008292**      **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.13(7)(a)9

FORFEITURE---83.14(1)(c)

FORFEITURE---83.16(4)(a)

FORFEITURE---83.32(1)(b)

**Date: 08/21/2003**      **SOD #10007843**      **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(8)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.43(3)(a)

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